

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1388

State File No.

FILED JAN 29 1949

BIRTH NO. 49-008515 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Children's Mercy Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camden</u> d. STREET ADDRESS (If rural, give location) <u>Box 557</u>			
3. NAME OF DECEASED (Type or Print) <u>James Eldridge Proctor</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>January 1, 1949</u>		9. AGE (In years last birthday) <u>23</u> <u>Days</u> <u>23</u> <u>Hours</u> <u>Min.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			
11. BIRTHPLACE (State or foreign country) <u>Camden Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Eldridge Proctor</u>			
13b. MOTHER'S MAIDEN NAME <u>Myrtle Wormsley</u>		14. NAME OF HUSBAND OR WIFE <u>Eldridge Proctor</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eldridge Proctor</u> ADDRESS <u>Camden, Missouri</u>			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fetal atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>undeveloped organs</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>773.0</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			21. ACCIDENT SUICIDE HOMICIDE (Specify)		
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1949</u>, to <u>Jan. 3, 1949</u>, that I last saw the deceased alive on <u>Jan. 3, 1949</u>, and that death occurred at <u>5:40 A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry M. Gilkey</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED <u>1-3-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cravens Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>Camden, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eldridge Proctor, Camden, Mo.</u> ADDRESS					
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

159.3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.